


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91063 023 \*\*\*150.00

**DOCUMENT # P02000005630**  
 1. Entity Name  
**HANG LOOSE INTERNATIONAL CORP.**



**94082728**

Principal Place of Business      Mailing Address  
**19380 COLLINS AVE STE #721**      **19380 COLLINS AVE STE #721**  
**SUNNY ISLES BEACH, FL 33160**      **SUNNY ISLES BEACH, FL 33160**



2. Principal Place of Business      3. Mailing Address  
**5288 NW 163 ST**      **20515 E Country Club Dr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#941**

04302004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Miami, Florida**      **Aventura, Florida**

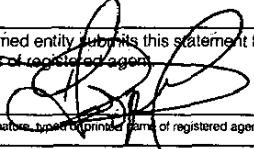
Zip      Country      Zip      Country  
**33014**      **USA**      **33180**      **USA**

4. FEI Number      Applied For  
**02-0539916**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ZAJAC, ALEJANDRO**  
**3750 WEST FLAGLER STREET**  
**MIAMI, FL 33134**

7. Name and Address of New Registered Agent  
 Name: **Daniel Haspel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5288 NW 163 ST**  
 City: **MIAMI**      **FL**      Zip Code: **33014**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE:       DATE: **04/29/04**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HASPEL, MARISA</b> <b>19380 COLLINS AVE STE #721</b> <b>SUNNY ISLES BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HASPEL, DANIEL</b> <b>19380 COLLINS AVE STE #721</b> <b>SUNNY ISLES BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5288 NW 163 ST</b> <b>Miami, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5288 NW 163 ST</b> <b>Miami, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       DATE: **04/29/04**      (305) 430 0915  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #